

# EXPEDITED RFQ NOTIFICATION SHEET

## Office of Contracts and Rate Setting

State of Michigan

Department of Human Services

Notice of a request for quotations or a request for proposal is hereby given Pursuant to Act No. 124 of the Public Acts of 1999.

Amount: \$120,000.00 (\$40,000.00 per year) 3 Year Term	ITB Number DHS ES 09-74001
--	-------------------------------

**Bid Description:**

**St. Clair County Department of Human Services: Emergency Services Contract**

**Contract Term:**

10/1/08-9/30/11

**Service Requested:**

1.) Emergency Shelter (outside home)- Not to exceed \$12.00 per diem, per person.

**Selection Criteria:**

- Established and experienced provider within St. Clair County Michigan.
- Accessible facility.
- Certified and licensed staff and facility.

Bids shall not exceed former fair market rates.

No RFQ is attached. This is a small dollar contract. Contact the staff listed below for details.

**Due Date for Response:**

7/23/08 2:00 p.m.

**Responses Due To: St. Clair County, DHS**

220 Fort Street

Port Huron, MI 48060

**Contact Person Name:**

**Debra Frazzitta**

**Phone #:**

**(810) 966-2029**

**E-Mail Address:**

**frazzittad@michigan.gov**